

ON-SITE EVALUATION TOOL

TEXAS DEPARTMENT OF HEALTH BUREAU OF HIV and STD PREVENTION DISEASE INTERVENTION PROGRAM REVIEW

PROGRAM:

DATES OF REVIEW:

DATE OF NEXT VISIT:

REVIEWERS:

PROGRAM MANAGER:

ADMINISTRATOR:

PERIOD REVIEWED:

PREVIOUS PRIORITY ASSESSMENT TOOL (PAT) RATING:

PAT RATING RESULTING FROM THIS VISIT:

ON-SITE EVALUATION TOOL

EVALUATION RATINGS;

E	Exceeds Standards
M	Meets Standards
PM	Partially Meets Standards
NM	Does Not Meet Standards
NA	Not Applicable
NE	Not Evaluated

The Following STD/HIV program components have been rated according to the above scale, *except Sections E (Interview Records & Case Management) and F(Field Records). Sections E and F should be rated as Meets Standards (M) or Does Not Meet Standards (NM) only.* **Current Guidelines and Standards referenced in this review document are based on the Texas Department of Health, Bureau of HIV and STD Prevention's HIV and STD Program Operating Procedures and Standards.**

A. MANAGEMENT:

Rating	Item Reviewed
	Procedure manual in place.
	STD*MIS management reports in place. Field Record Report (open), Interview Report (open), Case Management Report, and Field Investigation Outcomes Report.
	Personnel folders are in place

B. SUPERVISION:

Rating	Item Reviewed
	Review the following: <ul style="list-style-type: none">• Interview skills audits.• Field investigative skills audits• Pouch Reviews• Caseload Reviews (open and/or recently closed cases) Complete the "DIS Audit Table" for each DIS (Attachment 1)
	Review Performance Improvement Plans for DIS with identified deficiencies.

C. TRAINING (previsit)

ON-SITE EVALUATION TOOL

D. INTERVIEW OBSERVATIONS

The review team observed the following types of interviews:

(Original Interview, Re-Interview and Cluster Interview)

DISEASE	TYPE OF INTERVIEW	DIS NUMBER

Rating	Item Reviewed
	Interviewing is conducted in an appropriate and confidential setting.
	DIS is prepared with materials necessary for interview/counseling session, i.e., disease pictures, telephone, maps, calendar, patient appointment cards and contact referral cards.
	DIS conducts pre-interview analysis.
	DIS demonstrates interviewing/counseling skills: <ul style="list-style-type: none"> • Communication • Problem Solving • Analysis • Partner Elicitation • Cluster Elicitation • Risk Reduction
	DIS confers with supervisor before completing the clinic interview.
	DIS establishes re-interview date, time and place and elicits a commitment from the client to pursue identified informational needs.
	DIS assures that patients being interviewed are tested for HIV and Syphilis.

E. INTERVIEW RECORDS AND CASE MANAGEMENT:

The review team reviewed the following cases:

DISEASE	Number of Case Reviewed	
	OPEN CASES	CLOSED CASES
SYPHILIS		
HIV		
GONORRHEA		
CHLAMYDIA		

ON-SITE EVALUATION TOOL

The items in this section will be rated as Met or Not Met. Standards Here Apply to Priority Cases (HIV and Syphilis)

Rating	Outcome	Item Reviewed
		Program maintains a case management system (describe how folders are orderly and centrally filed).
		Program uses current case management forms.
		85% of cases are completed and submitted within 1 day.
		85% of interview records are completed thoroughly and accurately.
		85% of the cases have assigned date and interview date accurate. (Review original patient field record to determine).
		85% of the cases have the "Assigned To" worker number and the original interviewer match.
		85% of partner, suspect, and associate field record dates of initiation correspond to the interview (OI, RI, CI) date.
		85% of the cases have supervisor(s) review, comment and recommendation within 2 days of case write-up for high priority cases.
		85% of the open cases have DIS updates documented at a minimum 1 time per week.
		85% of the Visual Case Analysis sheets, when applicable, are completed and cases are plotted in accordance with guidelines. (Complete for 710, 720, 730 with history of symptoms or 730 related to another case.)
		85% of the re-interviews are planned and clearly documented upon completion.
		85% of the cluster interviews are planned and clearly documented upon completion.
		85% of the related syphilis cases have source/spread determinations documented.
		95% of the cases are closed with supervisor approval.
		95% of the closed cases have all contact and suspect dispositions posted.
		85% of closed cases document current/previous HIV tests.

ON-SITE EVALUATION TOOL

F. FIELD RECORDS:

The items in this section will be rated as Met or Not Met.

The following ratings are based on review of open and closed Field Records. These records are randomly selected from the open and closed file within the past six months. This review will be of priority disease follow-up (HIV, Syphilis, or locally defined disease priority).

DISEASE	OPEN	CLOSED
HIV		
SYPHILIS		
GC		
CT		

Rating	Outcome	Item Reviewed
		95% of field records have record search results documented within one day of assignment.
		95% of the high priority investigations (syphilis and HIV) document an attempt to locate the client (phone call or field visit) within one day of assignment.
		95% of field records are properly documented (date and time of day, type activity, e.g., field visit, result of activity).
		95% of D, B, 4, 7, J, K, G, H and L dispositions are reviewed and initialed by Supervisor.
		95% of D, B, 4, 7, J K, G, H and L dispositions have documentation that Supervisor provided direction on the filed record prior to closure.

G. FIELD INVESTIGATION OBSERVATIONS

Disease	Reactors	Partner/Clusters	Total
HIV			
Syphilis			
GC			
CT			

ON-SITE EVALUATION TOOL

Rating	Item Reviewed
	Uses resources effectively in planning field activity.
	Utilizes field resources while conducting investigations.
	Field visits are prioritized appropriately.
	Necessary materials and equipment are available.
	Follows field safety guidelines.
	Maintains confidentiality.
	Problem solves while conducting investigations.
	Coveys a sense of urgency.
	Documents activities after each investigation.
	Appropriately collects specimens and refers client for immediate medical attention.

H. SURVEILLANCE

Rating	Item Reviewed
	The program uses written criteria to prioritize follow-up of HIV positives received HIV and STD surveillance staff. The program utilizes the Syphilis and HIV Decision Trees.
	The program has a system that ensures proper public health follow-up of HIV positives received by HIV and STD surveillance staff.
	The program has a system to ensure that information (e.g., new case report, risk factor, person knows status, patient referred to services, partner notification) gathered during the disease intervention process is provided to HIV surveillance staff.
	The program has a quality assurance system, which, either by letter or visitation on at least an annual basis, confirms the reporting performance of major medical laboratories performing tests for HIV/STD.
	The program has a system to ensure proper case classification for Syphilis and HIV cases. Reviewer will select a random sample of cases for review.
	Program has a records security protocol in writing and conducts periodic reviews to determine compliance with protocols.
	Processed and unprocessed lab and morbidity reports are kept in a single locking file cabinet.

Review a minimum of 10 high titers lab reports (1:16 and >).

Rating	Outcome	Item Reviewed
		95% of reactors were properly handled (timeliness, report, proper treatment).
		95% of reactors were appropriately dispositioned.

Obtain a minimum of 10 private lab HIV reactors from review period and review program follow-up.

Rating	Outcome	Item Reviewed
		95% of lab reports were entered into MIS.
		95% of lab reports were properly handled.

ON-SITE EVALUATION TOOL

Pull a minimum of 10 ICCR investigations (incoming and outgoing) from review period.

Rating	Outcome	Item Reviewed
		95% of ICCR investigations were properly handled.
		80% of investigations are dispositioned on or before the due date.

STD-MIS: Confirm that the program has produced reports for self-monitoring per operating Procedures and Standards.

Rating	Outcome	Item Reviewed
		75% of lab and morbidity reports are entered into STD*MIS within 7 days of receipt of report.
		95% of priority reactive test reports needing field investigation are assigned to DIS within 24 hours of receipt from the laboratory or the provider. Produce Lag Time Report (date received to date entered, date received to date initiated).

TABLE OF REPORTS (these reports should be run at minimum monthly)

Report	Number of times produced During review period	Current number of corrections this visit
Duplicate Patient Report		
Positive Labs w/o Morb GC only, then CT		
Multiple Morb for GC only, then CT only (> 30 days apart)		
Multiple Morb for syphilis		
Interview Record and Morbidity Listings are compared and reconciled.		
Lab/Provider Report Time Frames		
Check for Missing Values Report		
Surveillance log report (open)		

I. PERINATAL STD/HIV CASE MANAGEMENT & PREVENTION (previsit)

J. HIV/STD SCREENING ACTIVITIES (previsit)

K. STD/HIV TARGETED OUTREACH and OUTBREAK CONTROL (previsit)

ON-SITE EVALUATION TOOL

L. EXPECTED-IN BOX:

Rating	Item Reviewed
	The expected-in box is located in the registration area, which is inaccessible to clients. If this box is not accessible to DIS, then an “Open Investigation” box containing pending investigations is maintained in the DIS area.
	The expected-in box is checked upon each patient intake to determine if the patient is a DIS referral.
	Patient referrals found in the expected-in box are attached to patient medical records for clinician to review.
	The program has a system in place to review and purge the expected-in box weekly.
	90% of the field records in the expected-in box that are more than a week old are open investigation. ____ expected in field records (over 1 week old) were reviewed. _____ were on the Open Field Records report.

M. PATIENT FLOW FROM CLINICIAN TO DIS

Rating	Item Reviewed
	Appropriate educational videos are showing in the clinic waiting room.
	STD/HIV information and pamphlets are available in the clinic waiting room
	Fees for services are not a barrier for STD patients.
	Method of referring patient(s) from clinician to DIS for interviewing/counseling is efficient and confidential.
	A system is in place to ensure that clinicians and DIS can communicate with each other about patient’s relevant concerns and/or problems.
	DIS referrals receive priority in the clinic.

ON-SITE EVALUATION TOOL

DIS AUDIT CHART (Attachment 1)

Schedule below is minimum and based on FLS guidelines. DIS with performance problems should be audited more frequently.

Type Audit	2-6 mo after ISTD	7-12 mo after ISTD	>1yr after ISTD
pouch	2X/month	2X/month	1X/month
case management	2X/month	1X/month	1X/month
interview	1X/month	1X/month	1X/quarter
field	1X/month	1X/month	1X/quarter

DIS audited:			SUPERVISOR:									
TYPE AUDIT	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
pouch												
interview												
field												
cases												

ON-SITE EVALUATION TOOL